

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. _____ Filing Date _____
Applicant _____

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		1		
5	1		1			
6		1		1		
7		1		1		
8		3		1		
9	1		1			
10		1		1		
11		1		1		
12		3		1		
13	1		1			
14	1		1			
15	1		1			
16	1		1			
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		31		20		10

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		0		0		0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS